tion. It has been ascribed to spasmodic action likewise. The occurrence of it at a very early stage would afford good grounds for this supposition. As the pain is the symptom which causes most distress, erection of the organ may to some extent be prevented by the internal use of bromide of potassium, opium, and camphor, and the local, as well as internal, use of belladonna, cold bathing, etc. Epididymitis, or swelled testicle, is seldom met with save in chronic cases, or where violent injections have been used during the acute stage. In the acute stage of epididymitis, relief is obtained from leeching, hot fomentations, and the exhibition of calomel and opium. In the chronic, the administration of the bichloride of mercury and local blistering afford the best results. This condition is essentially due to an extension of the urethral inflammation by contiguity of surface. One important complication of swelled testicle is inflammation of the cord. Not unfrequently the vas deferens is felt like a quill under the finger. As this condition, if unattended to, may occlude the vas deferens, and, if on both sides, thus cause sterility, it claims particular attention. On the part of intelligent patients it gives rise to considerable uneasiness.

Gonorrhœa in the female is amenable to the same treatment, the beneficial results from balsamics excepted. The tincture of the muriate of iron will, however, be found equally valuable in vaginal gonorrhœa. In the preventive treatment of gonorrhœa, cleanliness is of primary importance; and I incline most decidedly to the belief that, when any suspicion of the disease exists, its course may be checked by the tenuous use of astringent or caustic injections. While the disease afflicts humanity, and not unfrequently proves a *casus belli* in the family circle, it is ours to study the best methods of cure, and the meanest disease of the human body is alike the care of the moralist and the philanthropist.

RASH IN RELAPSING FEVER.

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THE two following cases are of interest in connection with the disputed question of the occurrence of rash in relapsing fever. In both instances the character of the rash and the time of its appearance were precisely those of the typhus eruption, and the diagnosis had to be made from collateral symptoms. The particular form assumed by the eruption was that of irregular rounded patches, of rather livid colour, and not very distinctly elevated above the skin, disappearing completely on pressure. These patches appeared upon the back of the wrists and arms, on the borders of the axillæ, across the chest and abdomen, and (though apparently in a less advanced degree of development) on the legs. The absence of the heavy expression of features characteristic of typhus, and the presence of the thickly furred tongue of relapsing fever in a marked degree, directed the diagnosis. In both cases the eruption disappeared with the diaphoresis at the time of defervescence; but in one of the two it reappeared with the "relapse", went through the same course, and disappeared in the same manner without leaving any stain or mark upon the skin. Both these persons were of very dark complexion, with black hair and dark-brown eyes. This I have noticed especially among the fever-patients sent to this Hospital, that, even allowing for the greater preponderance of dark over light-complexioned people in this country, the number of dark-complexioned persons affected with relapsing fever has been in very great excess; and not only so, but the symptoms of the primary attack and relapse have been undoubtedly more severe, both as regards the pain and the height of temperature reached, in the dark-complexioned persons. This exaggeration of the symptoms in persons of a particular temperament is akin to what is noticed in severe neuroses; e.g., chorea, where it is certainly the exception to see light-complexioned persons attacked.

CASE I.—H. T., a married woman, five months pregnant, was admitted February 25th, having been suddenly seized on the 19th. She came from a house in which several persons had been attacked. The symptoms of the fever were the ordinary ones—sudden seizure, pains in the head, back, and limbs, and rigors; but, in addition, the mottled rash above alluded to appeared on the fifth day from the commencement of the symptoms. Her state on admission was as follows. The face was pale, with slightly injected conjunctivæ. There was slight tenderness in the epigastric region and over the liver and spleen. She had no jaundice. The tongue was of the typical character; the breathing was very hurried; the urine was high-coloured, not albuminous. Pulse, 150; temperature, 102 deg. Over the arms, chest, abdomen, and legs, was a rash of somewhat purple tint, disappearing on pressure. The crisis occurred on the seventh day by profuse sweating, and with it the rash disappeared. After an interval of seven days, the acute symptoms recurred; and, on the fourth day of their recurrence, the rash reappeared

in precisely the same situations as in the primary attack. In due time, the second defervescence ensued, the rash disappeared, and permanent recovery followed. In addition to the skin-phenomena above noted, the lungs were affected in a manner that seems very common in relapsing fever; thus, during the pyrexial stage, there was some amount of cough, and dry sibilant sounds were heard over the back part of the lungs. When the sweating occurred, the dry sounds became moist, and a considerable amount of expectoration followed, showing a kind of consentaneous action between the lungs and the skin. This is to be observed in most of the well-marked cases of relapsing fever. Though this woman was pregnant, no miscarriage occurred.

CASE II.—J. P., a vagrant, was admitted on the fourth day from the seizure. In addition to the usual signs of relapsing fever, there was a well-marked dark-red rash, disappearing on pressure over the arms, chest, and abdomen. Crisis by sweating occurred on the fifth day, and with the sweating the rash disappeared. After an interval of five days, a slight relapse occurred; and, though the rash did not here recur, yet the bronchial disturbance reappeared as in the primary seizure, and terminated in a couple of days by expectoration, when the second sweating came on, indicating the second defervescence. The second relapse happened, and the patient was discharged cured.

ON THE TREATMENT OF CERTAIN FORMS OF CEREBRAL PARALYSIS BY THE CONTINUOUS GALVANIC CURRENT.

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THE most frequent form of cerebral paralysis is hemiplegia; and a large amount of experience has already been collected, showing the beneficial effects of both the continuous and the induced current in the different phases of hemiplegia. In the present paper, it is my intention to give, as concisely as possible, the results of my experience with the continuous current in cases of cerebral paralysis which do not assume the form of hemiplegia.

In paralysis, owing to tumour or abscess of the brain, or any other severe structural lesion, no form of electricity can do any positive or permanent good. But where it occurs in consequence of exhaustion and serous effusion, the continuous current is the quickest and most effective remedy for it. The following is an instance of this kind of paralysis.

A merchant, aged 52, married, had been in a low state of health for some years past, in consequence of much anxiety and trouble, but had not suffered from any serious illness. He was sitting quietly at home, on July 20, 1867, writing a letter, when he suddenly felt faint and giddy, the pen dropped out of his hand, and he completely lost the use of the right arm. He did not lose his speech and consciousness, nor the use of the leg; nor was the face distorted. A friend who happened to be present advised him to put his hand into boiling water, which he did, and blistered it most severely with it. (The same barbarous treatment, which of course cannot do the least good, has been adopted in at least a dozen cases of paralysis which have been under my care.) As the scalding of the arm and hand produced no effect, a cold douche was next applied to it, and the wrist was then a good deal knocked about, in order to get the life back into it. As none of these violent measures had the least effect, the patient consulted me two days afterwards, when I found complete paralysis of the forearm and hand, and nearly complete anæsthesia of the hand and fingers. I applied a current of twenty cells of Daniell's battery to the left hemisphere for one minute, after which the patient lifted his wrist and moved the fingers to a slight extent. I did not use any peripheral galvanisation. Two days afterwards he came again, when I found that the improvement had continued, but had not made further progress. I then again resorted to cerebral galvanisation, with the effect that a little more action in the hand became manifest. But, as it was still very weak, I now combined peripheral galvanisation of the radial and median nerves with it. The effect of this was apparently even greater than that of the cerebral application, as the patient could grasp my hand firmly afterwards, and dress himself without assistance. Another application of galvanism on the following day completely restored the use of the hand and fingers.

Concerning the pathology of this case, I would remark that evidently no rupture of a blood-vessel could have taken place in the left hemisphere, as then the effects of the continuous current, applied shortly after the seizure, could not have been so great. The paralysis in this case evidently arose from exhaustion of that portion of the brain which